



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
CHILD CARE FACILITY  
INSPECTION REPORT

REASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular <input checked="" type="checkbox"/>		6/6/2019	ABC CHILDREN'S CENTER
Follow-Up <input type="checkbox"/>	5	Time In/Out:	OWNER/OPERATOR:
Complaint <input type="checkbox"/>		9:50 AM   11:00 AM	TAMONDONG, LEONARDO / SABINA
Investigation <input type="checkbox"/>	RATING	Sanitary Permit No.:	LOCATION: 126 FATIMA ST Establishment Type:
Other: <input type="checkbox"/>	A	20000-18000-1050	LIGUAN TERRACE, DEPED CCC / NURSERY
		PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired	
No. of Children: <u>11</u> Male <u>16</u> Female <u>27</u> Total		Child Care License: No.: <u>170154 M</u> Valid <input type="checkbox"/> / Provisional <input type="checkbox"/> / Expired <input type="checkbox"/>	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED.		
	PREVIOUS INSPECTION CONDUCTED ON 3/13/2019 (6/A).		
	ALL PREVIOUS VIOLATIONS WERE CORRECTED.		
	THE FOLLOWING VIOLATIONS WERE OBSERVED:		
#13	PAPER TOWELS NOT PROVIDED FOR MOST RESTROOMS (Room 1, Room 2, Room 3).	1	7/7/2019
	PAPER TOWELS SHALL BE PROVIDED TO PROMOTE PROPER HANDWASHING.		
#17	WOODEN RESTROOM DOORS IN ROOM 1 AND ROOM 2 SPLINTERING IN DISREPAIR. A HOLE FOUND ON WALL IN ROOM 2.	2	7/7/2019
	ALL PARTS OF THE FACILITY SHALL BE KEPT IN GOOD REPAIR TO PREVENT PHYSICAL HAZARDS.		
#29	OBSERVED ONE UNVIABLE COCKROACH EGG IN DRAWER IN ROOM 3.	2	7/7/2019
	ALL OPENINGS SHALL BE PROPERLY COVERED TO PREVENT ENTRY OF INSECTS AND PESTS.		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:  
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

Eunice R. Pascual

DEH Inspector (Name & Title):

C. TAKASE FA-101



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Complaint			9:50   11:00	TAMONDONG, LEONARDO / SABINA	
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Other:			Sanitary Permit No.:	LIGUAN TERRACE, DEDEA	CCC / NURSERY
		A	20000-18000 650	PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired	

No. of Children: 11 Male 16 Female 27 Total Child Care License: No.: 170159 ☒ Valid / / Provisional / / Expired

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[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

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Received By (Name &amp; Title):

DEH Inspector (Name & Title): Eunice Pauline